



# Registration Form

## CAMPING EVENTS 2012

Susquehanna Conference - Camping Office  
PO Box 2053, Mechanicsburg, PA 17055-2053  
800-874-8474 717-766-7441 e-mail: camps@susumc.org  
www.susumcamps.org

Read the camp descriptions and select a camp. Please register for the correct age level. The grade stated for the camper **MUST BE THE GRADE COMPLETED** in June of 2012.

**REGISTER EARLY** to avoid being disappointed by a camp being filled. Registrations are on a first come basis unless stated otherwise and begin being processed when received.

Complete the registration form in full, including all the requested health information, a second and if possible a third choice for a camp, the pastor's or camp coordinator's signature and parent's signature.

A deposit of 50% must be included; payment in full at the time of registration is preferred. **All registrations must be paid in full by June 1, 2012.**

In cases where the church is providing partial or full scholarships, the pastor's or camp coordinator's signature must appear on the registration form.

If your first choice for a camp is full, you will automatically be registered for your second selection. We are sorry but registrations cannot be accepted over the phone.

You will receive confirmation of your registration via e-mail or by mail, if no e-mail has been provided.

In rare cases when a registration is made on the day camp begins, full payment will be required at the time of registration unless the pastor has signed the registration form.

### **WHEN MAILING YOUR REGISTRATION, PLEASE INCLUDE THE FOLLOWING:**

- Registration form fully completed (including parent/guardian signature)
- Medical form fully completed (including parent/guardian signature)
- Second and third choice of camp event
- Signature of pastor or camping coordinator if church is providing scholarship
- At least a 50% deposit by check (payable to "Susquehanna Conference") or provide credit card information

### **CANCELLATION POLICY**

If a registered camper is unable to attend camp, you must notify the camping office immediately in order to get a refund. Full refunds are given up to two weeks before the start of camp, subject to a \$50 processing fee.

Cancellations within the two weeks prior to the event are only refunded in cases of documented medical concern or death in the family which prohibits attendance.

In order to receive this refund, the Camping Office must be notified immediately of any accident or illness, followed by a written request with an accompanying doctor's excuse within one week. No refunds will be made for any reason after the start of the camp event.

### **BRING A FRIEND TO SUMMER CAMP AND SAVE MONEY TOO!**

By recruiting a friend to attend camp who has never been to any of the Susquehanna Conference Camps (or has not returned to camp in three years or longer), you will be eligible to receive ONE of the following:

- A coupon to be used in the camp store in 2012**
- or**
- A credit toward your camp in 2013**

This coupon or credit will be in the amount of \$15 for a full week of camp, or a \$10 for a partial week of camp.

**The new camper must attend the same week of camp as you do.**  
*Please include the camper's name(s) on your registration form.*

We look forward to greeting your friends at camp this year!

### **Referral Discount Request:**

*Please send the following information with your registration to:*

**SUSUMC - Camping Office**  
**PO Box 2053, Mechanicsburg, PA 17055**

PLEASE PRINT LEGIBLY:

Referred by: \_\_\_\_\_

New Camper's Name: \_\_\_\_\_

Please choose ONE of the following:

\_\_\_ \$15 credit - friend attending full week

\_\_\_ \$10 credit - friend attending partial week

*(Credit will be applied towards your 2013 registration fee)*

\_\_\_ Provide me with a coupon to be used in the camp store in 2012



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PLEASE PRINT LEGIBLY WHEN COMPLETING THIS FORM. IF SUBMITTING PAYMENT FOR MORE THAN ONE CAMPER, PLEASE INCLUDE A SUMMARY AS FOLLOWS: LIST OF CAMPERS, BY SITE, AND REGISTRATION AMOUNT, PER CAMPER. YOUR COOPERATION IN THIS MATTER WOULD NOT ONLY EXPEDITETHE REGISTRATION PROCESS, BUT BE GREATLY APPRECIATED BY THE CAMPING OFFICE.

NAME: \_\_\_\_\_

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M F Birthdate \_\_\_\_\_

Name for Name Tag \_\_\_\_\_ Camper's E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Ph ( ) \_\_\_\_\_

Grade completed by June 2012 \_\_\_\_\_ Bunk Mate (Limit 1) \_\_\_\_\_

T-Shirt size (*circle one*): Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult XL Adult XXL Adult XXXL

Name of Parent/ Guardian (*circle one*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Ph ( ) \_\_\_\_\_ Work Ph ( ) \_\_\_\_\_ Cell Ph ( ) \_\_\_\_\_

Name of Parent/ Guardian (*circle one*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Ph ( ) \_\_\_\_\_ Work Ph ( ) \_\_\_\_\_ Cell Ph ( ) \_\_\_\_\_

Camp Choices: 1) Site \_\_\_\_\_ Grades \_\_\_\_\_ Dates \_\_\_\_\_

(Please choose three)

2) Site \_\_\_\_\_ Grades \_\_\_\_\_ Dates \_\_\_\_\_

3) Site \_\_\_\_\_ Grades \_\_\_\_\_ Dates \_\_\_\_\_

CAMP #: \_\_\_\_\_

**PLEASE READ CAREFULLY** - I **do** give permission for my child's name, address, and phone number to be shared with other campers in his/her group. I **do** give permission for still or video pictures of my child to be used for camp promotional purposes. I hereby give my permission for my child (name above) to attend the camp session for which he or she is registering:

\_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_ Parent/Guardian name (please print)

Church Name/ Address: \_\_\_\_\_

District: \_\_\_\_\_ Amount Individual is paying: \$ \_\_\_\_\_ Amount Church is paying: \$ \_\_\_\_\_

\_\_\_\_\_  
Pastor's or Camp Coordinator's Signature

**FOR OFFICE USE ONLY**

Date Received _____	Date Processed _____
Camp # _____	Fee _____
Family Check # _____	Amount \$ _____
Church Check # _____	Amount \$ _____
Other Check # _____	Amount \$ _____
Campership _____	

**CREDIT CARD INFORMATION**

VISA  Mastercard  Discover

Name of Cardholder as it appears on card \_\_\_\_\_

Zip Code of Cardholder's Billing Address \_\_\_\_\_

Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

3-digit Verification Code from back of card \_\_\_\_\_

Name of Camper \_\_\_\_\_

Amount to be charged \_\_\_\_\_

Cardholder signature \_\_\_\_\_

Date \_\_\_\_\_



# Medical Form

Please complete this medical form and mail it to the camping office with your registration form. *The registration process is not complete until both forms are submitted.*

CAMP DATE: \_\_\_\_\_

CAMP # : \_\_\_\_\_

Name \_\_\_\_\_ M F Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Camper's E-mail \_\_\_\_\_ Grade Completed by June 2012 \_\_\_\_\_

Parent/ Guardian (1) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Ph ( ) \_\_\_\_\_ Work Ph ( ) \_\_\_\_\_ Cell Ph ( ) \_\_\_\_\_

Parent/Guardian (2) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Home Ph ( ) \_\_\_\_\_ Work Ph ( ) \_\_\_\_\_ Cell Ph ( ) \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ ID/Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Alternate Emergency Phone # : ( ) \_\_\_\_\_

Are you a member of an HMO?  Yes  No

Name of primary care physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date of last physical \_\_\_\_\_ (current) Height \_\_\_\_\_ Weight \_\_\_\_\_

Describe if the camper has any special needs: \_\_\_\_\_

List any medications the camper is currently taking or has been taking in the last year \_\_\_\_\_

List any medication the camper is allergic to \_\_\_\_\_

What kind of reaction? \_\_\_\_\_

Is there any non-prescription medications you **DO NOT** want your child to receive? \_\_\_\_\_

Has camper had a tetanus shot in the past five years?  Yes  No

Has camper ever had hepatitis?  Yes  No

Has camper ever had a history of behavioral or emotional problems?  Yes  No

(Describe on a separate piece of paper)



# Medical Form

CIRCLE THOSE THAT APPLY  
AND EXPLAIN AS NECESSARY

Camper Name: \_\_\_\_\_

- |                            |                    |                               |               |
|----------------------------|--------------------|-------------------------------|---------------|
| Allergies                  | Ear Infections     | Poison Ivy                    | Bronchitis    |
| Asthma                     | Eye/Vision Problem | Ear/Hearing Problem           | Hypertension  |
| Learning Disability        | Braces             | Fainting                      | Vegetarian    |
| Nose Bleeds                | ADHD               | Anxiety                       | Insect Stings |
| Bleeding/Clotting Disorder | Depression         | Heart Defect/Disease          | Diabetes      |
| Homesickness               | Bed Wetting        | Sleep Disorders/Sleep Walking | Swimmer's Ear |
| Convulsions/Epilepsy       | Other _____        | _____                         | _____         |

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Chronic or reoccurring illness: \_\_\_\_\_  
\_\_\_\_\_

Disabilities: \_\_\_\_\_  
\_\_\_\_\_

Limitations or suggestions regarding activities: \_\_\_\_\_  
\_\_\_\_\_

Any other condition requiring medication, special care, or special diet: \_\_\_\_\_  
\_\_\_\_\_

Is there any other information about the camper that we should know in seeking to best minister to his/her needs at camp? (i.e. first time away from home, etc.) \_\_\_\_\_  
\_\_\_\_\_

If your child/youth has been taken off medications for the summer by you, the parent/guardian, we highly recommend those medications be taken during their week of camp so your child(ren) will have a quality experience.

**Parent Authorization: This health history and other information requested are accurate to the best of my knowledge. The child herein described has permission to engage in all prescribed camp activities, except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp Health Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I have read and fully understand this statement.**

Parent/Guardian Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Relationship to the camper: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THIS FORM TO: SUSUMC Camping Office  
PO Box 2053  
Mechanicsburg PA 17055-2053**